



ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 6 0136 77550	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan
2. Type of Filing:	Association)
Original	a. Official Depository
Amendment to items: 74,6,8 9 Eff. Date: 1/1/05	
3. Full Name of Committee:	
TAXPAYERS FOR AARIN STOWER	b. Secondary Depository
4a. Candidate Full Name (Last, First, M.I.):	The court of the same of the s
at Butter (Manufley blo)	
4b. Political Party (if applicable):	12 This item applies only to Gubernatorial Candidate
4c. County of Residence:	Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.
4d. Office Sought (Check one):	13. ELECTRONIC FILING: This item applies to committees that file
_Governor _Lt. Governor _State Senator _State RepSec. of State _Attorney Gen.	with the Michigan Department of State Bureau of Elections only and
_State Bd. of EdUofM Reg MSU Trustee	does not apply to candidates that file with the County Clerk's office.
_WSU GovSupreme Court _Appeals Court	The Campaign Finance Act requires any committee that files
_Circuit Court _ District Court _ Probate Court	with the Secretary of State and spends or receives \$20,000 in the
_Municipal Court _Local or other please specify:	preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements
	electronically. Merts Plus software is provided to you free of
4e. District/Circuit # or Jurisdiction:	charge to assist you in meeting this requirement.
5. Date Committee was Formed://	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
6a. Committee Phone #: ()	** OR **
6b. Committee Fax #: ()	★ Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
6c. Committee E-mail Address:	·
7a. Complete Comm. Mailing Address (May be PO Box):	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are
4619 BLOOMFIELD	true, accurate and complete to the best of my/our knowledge or
STERLING HTS MI 48310	belief. If filing electronically, we further agree that the signatures
7b. Complete Comm. Street Address (May not be PO Box):	below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee.
(SEE 7A)	I/We certify that all reasonable diligence will be used in the
1)88 1111	preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and
8. Treasurer Name and Complete Address:	complete to the best of my/our knowledge or belief. (Sign Name
AARDA STOWER (SAME AS 7A.)	and Date)
Phone #: (586) 179 - 6723 E-mail Address:	Candidate:
	1,15,05
9. Designated Record Keeper Name and Complete Address:	○
546 8	Current Treasurer:
Phone #: ()	Jan 8 1970
	Designated Record Keeper (Required only if filing electronically):
10REPORTING WAIVER REQUEST: If the committee does	
not expect to receive or expend in excess of \$1,000 in an election and checks this box; the filing requirement of pre, post and annual	
campaign statements is waived. The Reporting Waiver will be	
automatically lost if the committee exceeds the \$1,000 threshold	